

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 2218 Date Aug. 16, 1972 Fee \$3.00 Date Rec'd. 10/20/72 By DGF

Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal System at:

Location—Address STAGE 1 RD. ^{C6ACB} or Lot No. 228

Owner ROBERT SKROCKI 527-3048 Address Glendale Rd. Southampton

Contractor _____ Address _____

Type of Building _____ Dimensions _____ Size Lot 0.75 ACRES

Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grinder ()

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? _____ Type of Well _____

Design Flow 30 gallons per person per day. Total daily flow 300 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L 8'-6" W 4'-10" D 5'-4"

Disposal Trench—No. 4 Width 3'-0" Total Length 133' Total leaching area 400 sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by J. HART & HUNTLEY ENGR. Date 8/11/72

Test Pit No. 1 1 minutes per inch Depth of Test Pit 2'-7"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil 3" TOPSOIL, 9" SILT, 6" GRAVEL 1'-8" MED. SAND Depth to Ground Water NONE

Will disposal area be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by Robert Skrocki Owner or builder 8/15/72 date
Carol S. Wisniewski 8/15/72 date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____ Inspector _____

